

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/840573	FILING DATE
						APPLICANT	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4		3					
5		3					
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49							
50							
TOTAL IND.	1		↓		↓		↓
TOTAL DEP.	80	80	←	80	←	80	←
TOTAL CLAIMS	80	80	↓	80	↓	80	↓

BEST AVAILABLE COPY